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# Forensic Psychologists as Police Critical Incident Negotiation Advisors

*Michael Lewis\* and Carol A. Ireland*

## ABSTRACT

Negotiation teams are well established within tactical policing. Police agencies select and train personnel they deem suitable to act as negotiators during critical incidents. Consultants, such as forensic psychologists, have been considered as a means of increasing success during critical incidents through the specialist advice they are able to provide. However, there remains little research on the effectiveness of the advisor role and whether it is perceived by policing colleagues to be of benefit to the negotiation process. This will be discussed whilst also considering the consultancy process and how the forensic psychologist's skill set may benefit negotiation teams. This manuscript will focus predominantly on hostage-taking as an example, as this is where a significant portion of the literature originated.

**Key Words:** Forensic psychologist, Advisor, Critical incident, Crisis negotiation, Conflict negotiation, Policing

## INTRODUCTION: CRITICAL INCIDENT NEGOTIATION CONSULTANTS

Negotiation is an established communication-based intervention used in policing practice and intrinsic to the successful resolution of critical incidents, such as hostage-taking and related crises. A 95 percent success rate has been reported for containment using negotiation strategies, with success defined as full resolution without fatalities (Blau, 1994; McMains & Mullins, 1996). Specialist teams comprising trained negotiators, an operational support unit, a designated command structure, and support personnel offer additional resources to a policing response when handling critical incidents such as hostage-taking, roof-top protests, and barricades.

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Yet, there is no “typical hostage scenario” (p. 343) with vast disparity in characteristics noted across incidents (Grubb, 2010). Negotiation teams must therefore be dynamic in their approach, adapting to scenarios as they unfold. Indeed, not all situations involve hostages; police negotiators are increasingly faced with people experiencing escalating personal crises (Noesner & Webster, 1997), hence the change in terminology from ‘hostage negotiation’ to ‘crisis negotiation’ (McMains & Mullins, 1996), and more latterly, ‘critical incident negotiation’ (Greenstone, 2005) to capture the variety of differing incidents.

With respect to critical incidents, approximately 50 percent of subjects are argued to present with mental illness, or experience emotional turmoil arising from personal problems or disputes (Fuselier, 1988; Strentz, 1985). Whilst this finding is dated, there has been little empirical investigation on the topic to determine any change in prevalence. It can be assumed, however, that psychopathology continues to have a role in crisis incidents given the increasing problems evidenced within society (Kane, Evans & Shokraneh, 2017). The importance of accounting for mental health during negotiation was formally acknowledged in the 1970s by the Federal Bureau of Investigation (FBI), who subsequently expanded their teams to include mental health professionals to advise on the mindset of the subject and consequent negotiation strategy (Butler, Leitenberg & Fuselier, 1993). Many regional police agencies within the United States (US) have since adopted this, with 58 percent of agencies utilising a mental health consultant (Fuselier, 1988), and approximately 88 percent of consultants tending to be a psychologist (Butler *et al.*, 1993). The use of such advisors is also in existence within the United Kingdom (UK), but to a lesser extent (Grubb, 2010).

Negotiation teams that use mental health consultants are generally rated as more effective than those that do not (Blau, 1994; McMains & Mullins, 1996). Butler *et al.* (1993), for instance, found police agencies report fewer incidences of death or serious injury when mental health professionals were utilised. Although findings indicate that mental health consultants, particularly psychologists (Ebert, 1986), can offer valuable contributions to the effective management and resolution of critical

incidents, it is not yet clear which aspect of their role is responsible for this success. It is important to highlight however, that psychologists rarely serve as a critical incident negotiator, and instead, assist as a backup and advisor to the negotiation team (Davidson, 1981; Reiser, 1982). This is to allow for more objectivity when evaluating the ongoing critical event.

Thus, there appears to be some agreement that psychologists working within police negotiation are to restrict their involvement primarily to that of a consultant, or rather, this is where their skill set is best maximised. There is scope for operational duties, although these directly relate to competence and familiarity with policing practice, but often encompass the psychological profiling of the perpetrator or individual in crisis/conflict, monitoring the psychological state of the negotiation team, proposing courses of action, and providing support to hostages and their family (Ebert, 1986; Fuselier, 1981). More commonly, the psychologist will be embedded within the team to undertake several non-crisis roles, which include screening and training negotiators, as well as briefing the command structure on the psychology of critical incident management that is critical at that time. This manuscript, however, focuses solely on operational duties so as to emphasise and convey the benefits of recruiting forensic psychologists as consultants to assist in such incidences.

Indeed, it should not be assumed that all psychologists are suitable for the realities of police work and their invitation to participate in crisis negotiation teams depends on: “1). Mutual acceptance; 2). Professional credibility; and 3). An ability to function in the operational setting” (Hatcher, Mohandie, Turner & Gelles, 1998, p. 462). Whilst this will be discussed in ensuing sections, it is important to initially note that there are barriers to overcome, with the first challenge requiring police officers and psychologists to understand their respective roles and functions. Familiarity with the Criminal Justice System (CJS) rather than solely mental health per se, is likely to facilitate a psychologist’s understanding of policing and offender management, thus somewhat bridging this gap.

Historically, clinical psychologists as opposed to forensic psychologists, appeared to be favoured as consultants in crisis situations

(e.g. Fuselier, 1988). As a specialism, forensic psychology is relatively late in its development, and consequently, there remains little scientific data on its application to critical incident negotiation. Whilst it is recognised, however, that neither clinical or forensic psychologists receive formal training in critical incident negotiation as part of their qualification, forensic psychologists are well positioned within the CJS and trained to predict the dangerousness of a given person in a specific context; therefore they have some utility during critical incidents where risk is of grave concern. Further, forensic services (e.g. the prison service) can tend to specialise in the training of psychologists as critical incident advisors, with such training being predominantly developed and undertaken by forensic psychologists. It is not the author's intention to disregard the skills of the clinical psychologist; rather, the aim is to highlight the core competences of the forensic psychologist, developed through a unique training pathway, that lends itself to the role of a consultant advisor in critical incidents.

To qualify as a forensic psychologist in the UK, a candidate must demonstrate competence as a consultant, acting in an objective and independent manner, providing advice and training to organisations on a specific matter. This role requires significant skill and expertise, and this manuscript is not suggesting that all forensic psychologists are suitable to advise during a critical incident. It instead proposes that those with detailed knowledge and credibility in crisis communication strategies and negotiation be considered. There are dangers in assuming similarities between a forensic and policing setting despite both broadly belonging to a wider criminal justice organisation. Some awareness of, or experience of working in law enforcement is thus recommended, as it would be unhelpful to assume that all structures and strategies to manage critical incidents are consistent across settings, although there are similarities. Policing culture is also a "unique and challenging phenomenon" (Sargeant, Antrobus & Platz, 2017, p. 348) and needs to be considered by an advisor during the formation of the consultancy relationship where trust is essential to collaborative working (Ireland, 2010a). Forensic psychologists as police critical incident negotiation advisors have a number of implicit factors which are relevant to a successful partnership with law enforcement

agencies and integral to the consultancy process. These factors will be considered in the ensuing section.

#### THE CONSULTANCY PROCESS: SPECIFIC CONSIDERATIONS FOR ADVISING IN POLICE CRITICAL INCIDENTS

Consultancy has a pivotal role in improving the functioning of organisations through the consideration of stakeholders, boundaries, culture and management. The *process consultation model* (Schein, 1988) captures this and identifies the consultant as offering expertise or a skill to an organisation where this may be lacking. Inherent to this is the process of organisational learning (Kubr, 1996), where a consultant is instructed to assist a client to work through a specific difficulty and resolve it. The onus of change, however, is on the organisation rather than the consultant, and consequently, is likely to be influenced by culture and resource issues.

Heavily laden bureaucratic systems, such as those arguably found within policing, may prevent change from being facilitated quickly, and as a result, momentum and motivation rapidly decline. Police organisational culture has also been described as a “tightly woven environment” (p. 348) where high pressure and often a highly discretionary setting lead to subcultural beliefs that act as a barrier to implementing change (Sargeant *et al.*, 2017). This becomes problematic for a forensic psychologist advising in a critical incident, especially when encouraging those with operational responsibility to consider both a range of potential management options, and consequences for the immediate and long-term for individuals directly involved and the wider organisation (Ireland, 2010b). Traditionally, the management of such critical incidents favoured a ‘command and control’ structure involving a ‘hard’ tactical approach where the risk of injury or death of both perpetrator and hostage was greatly increased (Dolnik, 2003). Moving away from this, a crisis communication strategy becomes essential for a peaceful resolution, yet requires the consultant advisor to “bring the negotiation process and command structure closer together” (Fisher & Ireland, 2010, p. 94).

Central to the development of this consultant-client relationship is trust. Forensic psychologists are embedded within the UK prison service and trusted to provide expert advice on risk, treatment and offender management. Arguably, this 'trust' manifests from the same three features Hatcher *et al.* (1998) posited that psychologists are to demonstrate in order to be held in esteem as police crisis advisors (now referred to as critical incident advisors). The first feature, *mutual acceptance*, relates to the relationship itself between the consultant and organisation. It argues for the need to work together in order to maximise success. In a critical incident, such as hostage taking, this becomes a challenge as the command structure is based on authority and rank, which has been earned operationally over a period of time (Fisher & Ireland, 2010). Indeed, for a forensic psychologist to arrive at the situation and refer to themselves as an 'expert' is likely to result in an unhelpful response, and an ensuing command structure that is resistant to psychological input.

Vecchi, Van Hasselt and Romano (2005) recommended the use of active listening to help establish rapport between the consultant and organisation, with the addition of empathy towards the client's situation as means of building trust. Both active listening and empathy are considered core skills of a forensic psychologist (Passmore & Oades, 2014), and whilst active listening refers to a series of techniques (e.g. summarising, emotional labelling of situations, nodding and eye contact) adopted to demonstrate listening, empathy focuses on the ability to understand and share in another's emotional state (Brodsky & Wilson, 2013). Once trust has been established, maintaining this becomes a priority and there is a need for the consultant advisor to be open and honest with the organisation, with a continuous dialogue that remains transparent and regularly sets expectations for both sides (Kakabadse, Louchart & Kakabadse, 2006).

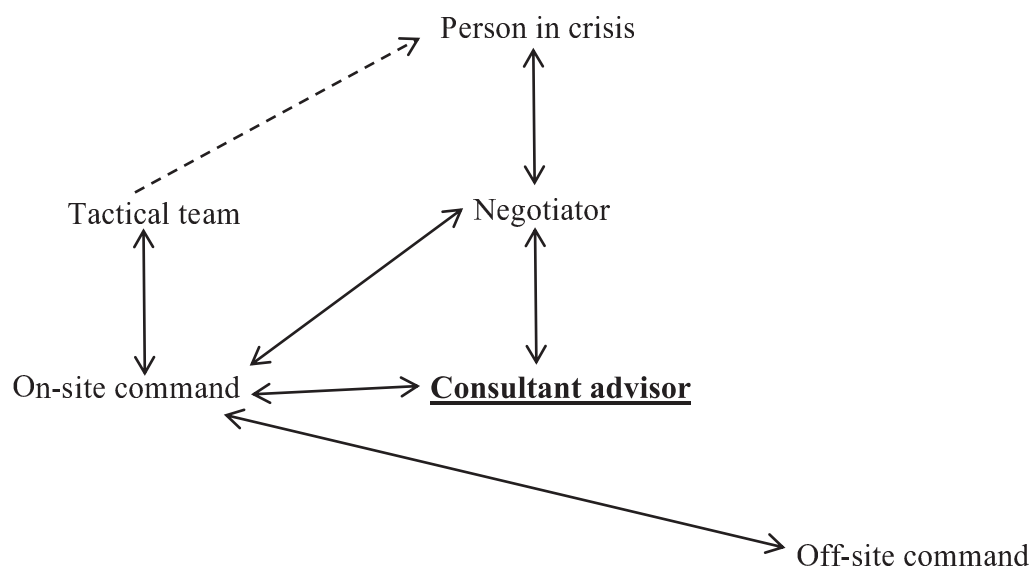
*Professional credibility* is the second feature delineated by Hatcher *et al.* (1998) and focuses on the professional standing and credibility of the consultant to which their role relates. It is recommended that forensic psychologists be qualified for several years prior to embarking on such a challenging area of consultancy, as well as being familiar with the negotiation process, relevant theoretical models, command structure,

policing policies and legislation (Fisher & Ireland, 2010). There is also a requirement to understand the more human aspects of the critical incident (e.g. the subject's motive; Ireland, Halpin & Sullivan, 2014) and be familiar with current practices and emerging developments in forensic psychology.

Professional credibility extends beyond the knowledge of the consultant advisor and also encompasses perceptions of the members of the organisation for whom they are working. Consider a critical incident or when training police personnel, respect and acceptance from colleagues is essential for the consultant to be effective in their role (Fisher & Ireland, 2010). This is likely to develop over time as the psychologist attends critical incidents, yet in order to provide information pertinent to the situation and meaningful to command, it is proposed that forensic psychologists work more broadly as consultants in policing prior to taking on the role of critical incident advisor. This experience will inevitably aid understanding of policing practice, as well as determine suitability, and indeed ability, to operate in a field setting. It is also likely to be the main pathway to becoming a critical incident advisor, as at present, there are no structured recruitment programmes for such a role.

*Ability to operate in a field setting* is the final and third feature outlined by Hatcher *et al.* (1998). To avoid criticism, consultant advisors need to adapt to the field with pace and become desensitised to a situation that is likely, in the first instance, to be chaotic and stressful. There is the presence of real personal risk and a degree of resilience is thus required, yet forensic psychologists are thought to possess higher levels of this given the demanding environments and individuals with which they routinely work (Michalchuk & Martin, 2019). On-site, the advisor must be able to work collaboratively with police personnel whilst performing multiple roles, which include the assessment of and feedback on the negotiator's interaction, an ongoing evaluation of the mental status of the perpetrator or individual in crisis/conflict, and regular briefings with the on-site commander (Ebert, 1986). Figure 1 depicts the direct flow of information during a critical incident with the consultant advisor being at the centre of this.





*Figure 1: Direct flow of information during a crisis situation.*

It becomes increasingly apparent that the consultant advisor role is that of a resource (Kubr, 1996) to aid the thought processes of key staff. This includes the negotiators dealing with the perpetrator or individual in crisis/conflict, and members of the command structure responsible for making high-stake decisions with regard to incident management. If the consultant is not accepted or respected by the organisation, the flow of information is likely to become disrupted, resulting in an unsuccessful outcome.

Thus, the role of the forensic psychologist as a consultant advisor in crisis situations has to be considered within the unique organisational setting, and subsequently, its culture (Fisher & Ireland, 2010). The consultancy process is also dependent on the advisor's professional standing, personal competences and strategic input. The utility of this input will be vital to the success of the role, as well as the ability to achieve a balance in terms of the command strategy and the approach recommended

by the advisor. Further, the psychologist as the advisor needs to be clear on their role, and not step past this. Nevertheless, the range of skills a forensic psychologist can offer to critical incident resolution is broad and these will be outlined next alongside theoretical models of critical incident negotiation.

### KEY SKILLS OF THE CRITICAL INCIDENT ADVISOR

When considering the role of the consultant advisor, it is beneficial to envisage how their skills, competences and knowledge operate in the critical incident (Fisher & Ireland, 2010). A crisis, as one example of a critical event where someone is overwhelmed by a situation and their ability to cope has been exceeded, generally presents across four predictable stages (James & Gilliland, 2001), commencing with 'pre-crisis' and ending in 'resolution'. 'Crisis' and 'accommodation/negotiation' manifest in between and it is during these phases, and to some extent the 'resolution' phase, that the consultant advisor is likely to have the most influence.

As the incident moves from 'pre-crisis,' where a person is described as stable and unaware of a problem, to 'crisis,' where there is an acute sense of 'chaos' characterised by high emotions, low rationality, instability and an inability to cope with a problem that is perceived to be a serious threat (Vecchi *et al.*, 2005). It is during the onset of the crisis that police negotiators are deployed to the incident due to the potential seriousness of the situation and threat to life (Fisher & Ireland, 2010). As coping fails, functioning of the person in distress becomes disrupted and they become unable to cognitively initiate rational problem solving; rather, their [in]ability to rationalise is now performed at an emotional level. Restabilising baseline functioning becomes the priority of the negotiator, and consequently, the consultant advising them. This phase is also likely to involve the initial development of a formulation of the presenting problem, including a profile of the person in crisis. The forensic psychologist is well positioned to provide such assistance given their working knowledge of risk assessment which is often applied to inform

decision-making, and in some instances, determine threat (Borum *et al.*, 1999).

Vecchi *et al.* (2005) delineates four techniques initially proposed by the FBI to lessen the emotional intensity of the situation and to aid the person in crisis progress towards more helpful problem solving. These techniques are embedded within crisis negotiation and involve: 1). Establishing communication and developing rapport; 2). 'Buying' time; 3). Diffusing intense emotion; and 4). Gathering intelligence to assist with negotiation/intervention strategies. Whilst these strategies are instilled during negotiator training (Johnson, Thompson, Hall & Meyer, 2018), the consultant is required to advise on this strategic approach and it maybe that this differs if a victim or hostage is present (Giebels, Noelanders & Vervaeke, 2005). Consideration is thus given to all aspects of the situation, with an aim of redressing the balance of perceived (or actual) power in the situation so that it is more in the direction of the authorities (Ireland & Vecchi, 2009).

Rapport building is commonly referred to in therapy to describe the manner in which a psychologist or therapist ethically forms an appropriately bounded relationship with their client. It is achieved through communication, whereby the clinician aims to match the client's language (Charlés, 2007) through personal expressions and active listening. Reflecting content back to the client demonstrates understanding and forms the basis of a relationship. This skill is integral to the work of the forensic psychologist and therefore lends itself to the training and support offered to critical incident negotiators in order to establish an effective relationship with a hostage taker or person in crisis/conflict, and understand the situation from their perspective. The negotiator must refrain from making value judgements about the person's behaviour and not challenge or reject them outright (Charlés, 2007). Indeed, this can be difficult for a police negotiator who in their everyday role is expected to uphold the law, arrest criminals and protect the public (McMains & Mullins, 1996). A different belief structure is thus required; one that is arguably context specific and informed more reliably by the goals of critical incident intervention.

Achieving conversational flexibility, which in practice is also known as ‘therapist positioning’ (Fisch, Weakland & Segal, 1982), also lends itself to developing rapport during the critical incident in that the negotiator becomes more than an attentive listener; they liaise with the person in distress to assist in the management of the difficulty precipitating the incident (Charlés, 2007). Yet, such an approach is delicate and requires a skilled clinician to guide the negotiator through this process whilst preventing advising against any unintentional collusion or promises. It is only likely to be successful in the ‘accommodation/negotiation’ stage where the individual begins to work through the critical event by being receptive to suggestions and thinking more clearly about resolving the situation.

In therapy, an appreciation of the systemic factors surrounding the client is thought to foster therapeutic change. Gathering contextual information about the client’s situation, rather than focusing predominantly on psychiatric diagnosis or psychological dysfunction, can promote this appreciation (Charlés, 2007). There is a similar requirement in critical incidents to understand the events triggering the incident in order to identify factors that may lead to a peaceful resolution (Noesner & Webster, 1997). It is therefore the responsibility of the forensic psychologist as a police critical incident advisor to work collaboratively with the negotiator to gather intelligence relating to the person’s life circumstances, permitting a more productive and meaningful conversation for which suggestions can be acted upon.

Reducing the pace of this conversation is essential for demonstrating an appreciation that the person’s experiences are complex and require more than superficial understanding (Charlés, 2007). Inherent to this is ‘buying time’, and according to Vecchi *et al.* (2005), the passage of time itself is the negotiator’s greatest ally as it helps to decrease arousal. Engaging the person in discussions on matters unrelated to the situation enables the goals of negotiation to be achieved, allowing an opportunity for rational thinking to develop, and where normative problem-solving can then be employed. Verbally containing the person in this manner, again, requires skill and necessitates an objective understanding of both the

person and the context within which the critical incident resides, so as to avoid any triggers or emotionally-laden topics. The forensic psychologist is at an advantage here as their work regularly entails gathering intelligence or background information to inform risk. This involves exploration of historic, potentially traumatic experiences, which needs to be completed sensitively to avoid disrupting the therapeutic alliance. Advising on conversational themes to verbally contain the person in crisis is therefore likely to be a further strength of the forensic psychologist.

Conversation, or communication, is argued to occur on two levels, with the first relating to the 'story,' and the second, emotion (Vecchi *et al.*, 2005). The two levels interact with the story generating an affective reaction, and subsequently, an overt behavioural-based response motivated by the emotion. It is this affective reaction that brings about the critical incident and thus diffusing this becomes a priority for the negotiator. As such, critical incident negotiators dealing with individuals in emotional turmoil need to be adept at identifying and managing such emotions. However, research (e.g. Grubb, Brown & Hall, 2018) has identified police officers, including negotiators, to demonstrate self-reported emotional intelligence at a level greater than the general population. Yet, negotiators did not differ from non-negotiator trained officers on emotional intelligent behaviours, which highlights an area for enhancement and a clear role for the consultant advisor in aiding the assessment of communication levels for emotional content. Addressing intense emotions behind the content is crucial when influencing the person's behaviour during a critical incident and one that the forensic psychologist is able to assist with.

The skills and knowledge referenced above will be critical to bringing about increased stability. There is a need for the consultant advisor to triangulate information sourced through self-report, observation and collateral file information to provide material pertinent to the event (Fisher & Ireland, 2010) directly to both the incident commander and negotiator liaising with the person in crisis (see figure 1). In advising across the four phases of the critical incident, the consultant advisor has access to theoretical expertise in terms of models of negotiation strategy, with the *Behavioural Influence Stairway Model* (BISM; Van Hasselt,

Romano & Vecchi, 2008) considered flexible and a more dynamic problem-focussed approach to critical incident negotiation tactics (Ireland & Vecchi, 2009; Fisher & Ireland, 2010).

The BISM evolved from the *Behavioural Change Stairway Model* (BCSM; Vecchi *et al.*, 2005) and places emphasis on the interaction between the negotiator and person in crisis/conflict. It outlines the relationship-building process, which occurs across three phases (i.e. empathy, rapport and influence), with active listening underpinning each, as illustrated in figure 2.

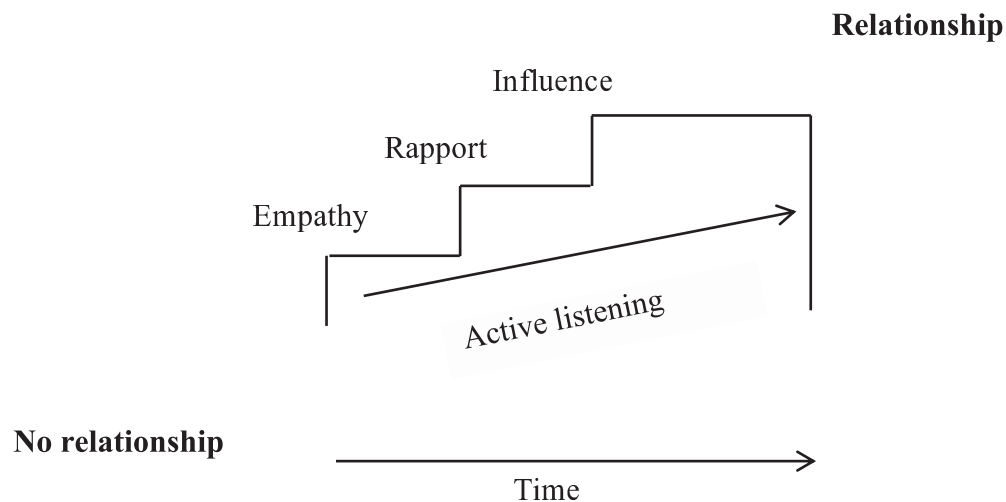


Figure 2: *Behavioural Influence Stairway Model (BISM; Van Hasselt et al., 2008).*

The person in crisis or conflict may not start at the lowest step; rather, they may commence at 'rapport' and dynamically move up and down the model as the situation unfolds. This dynamic approach permits the application of the model to a variety of scenarios, including those viewed at the extreme end of the spectrum relating to terrorism (Ireland & Vecchi, 2009).

During the negotiation process, the consultant, or indeed the forensic psychologist, is required to attend to the situation and map its locality on the model. The advice offered needs to reflect and be conducive to the phase being observed. It may be that communication exposes a change in motivation or vulnerability of the person in crisis/conflict, which means that a particular phase needs to be repeated. The model is forgiving in this sense and allows for advice to be provided on dialogue strategies that benefit from ongoing reflection (Fisher & Ireland, 2010).

## CONCLUSION

The role of the police critical incident negotiation advisor remains within its infancy, particularly within the UK, and there is limited empirical evidence evaluating its effectiveness in assisting in the peaceful resolution of a critical event. Nevertheless, this manuscript goes some way to highlight the relevant skills and attributes of the forensic psychologist as a consultant advisor in such circumstances. It examines the consultancy process and identifies how the unique training pathway in forensic psychology instils an array of competences conducive to the operational advisor role in critical incidents; a role where understanding of relevant theoretical models is of equal importance. This manuscript concludes by recommending that future work investigates the organisational network of police agencies and their openness to external support, which in turn may enhance opportunities for forensic psychologists to be more embedded within the management of critical incidents in policing.

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**Carol A. Ireland PhD, MBA** is a Chartered Psychologist, Consultant Forensic Psychologist and Chartered Scientist. She previously worked in a High Secure Setting for nine years, where she was lead for sex offender therapies and critical incident (hostage) negotiation, and where she acted as an advisor in crisis/conflict situations. Dr. Ireland is also a Senior Research Lead at the Ashworth Research Centre at Ashworth Hospital. She also works at CCATS ([www.ccats.org.uk](http://www.ccats.org.uk)), a child and adult therapeutic service in the community. She has more than 70 publications, including journal articles, books and book chapters, mainly on offending, consultancy and crisis (hostage) negotiation.